

TAKING ACTION: An Evidence-Based
Self-Help and Peer Support Approach
to Wellness and Recovery

Part 3: Implementation Guide



DOORS TO
WELLBEING
A Program of the Copeland Center

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Disclaimer

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BENEFITS OF TAKING ACTION

Taking Action is a valuable self-care resource for people with mental health and substance use conditions. It fosters recovery, well-being, and positive benefits at multiple levels, from individuals to programs, agencies, and systems. With flexibility and self-compassion⁴ at its center, **Taking Action** provides useful information and tools to help us boost wellness.

When implementing **Taking Action**, there are associated investments of time, training, people, and other resource costs to consider. The benefits, however, justify the effort.

These are expected benefits of **Taking Action**:

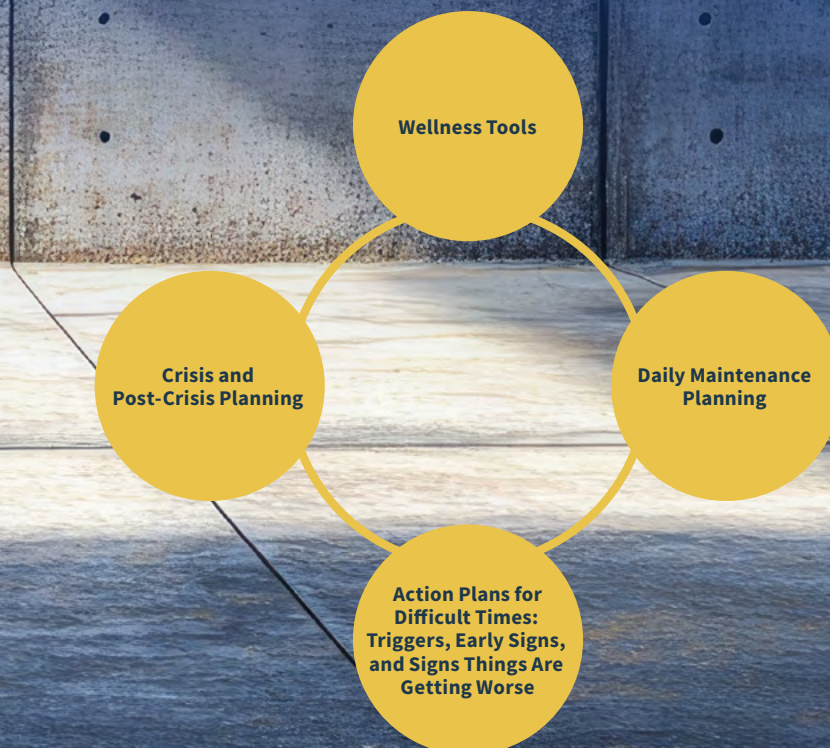
- A shift of focus from symptom control to prevention and recovery
- A significant reduction in the need for costly crisis intervention, mental health services, detoxification, and emergency services. This happens as more people who experience difficulties take responsibility for their own wellness and stability, help themselves to feel better using various self-help techniques and strategies, and reach out to and use a network of family members, friends, loved ones, healthcare professionals, and other supporters
- An increased ability for individuals to meet life and vocational goals and experience significant life enhancement
- An increased ability for individuals to gain self-esteem, self-compassion, and self-confidence as they become contributing members of a community

Taking Action resources are grounded in evidence-based approaches for peer support and self-directed care (see Research that Informs **Taking Action** “Research that Informs Taking Action” on page 7), as well as established fidelity guidelines (see Applying **Taking Action** Concepts, Values, and Ethics “Appendix A: Applying Taking Action Concepts, Values, and Ethics” on page 26).

The concepts, values, and strategies of **Taking Action** may also provide a framework and guide for creating more recovery-oriented, person-centered programming.

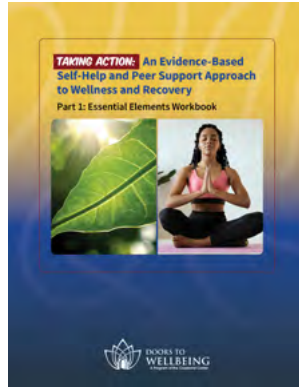
Information in this guide can help those planning to implement **Taking Action** at a program, organizational, or system level. This includes a wide range of potential settings, from inpatient, residential, and outpatient treatment settings, to peer-run and recovery community organizations, schools, criminal justice settings, workplaces, and other community-based locations. This graphic illustrates the key elements that are included in the **Taking Action** workbooks.

Taking Action: A Proactive Strategy to Begin Recovery, Get Well Through a Crisis, and Sustain Wellness

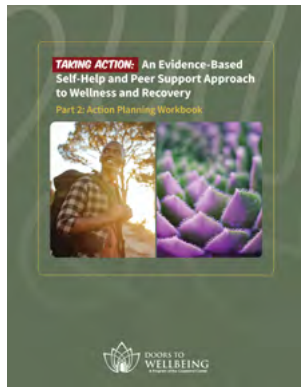


With the most recent updates, **Taking Action** resources now include:

Part 1: Essential Elements Workbook. This workbook reviews key concepts and essential elements for **Taking Action** and invites participants to develop their own Wellness Toolbox.

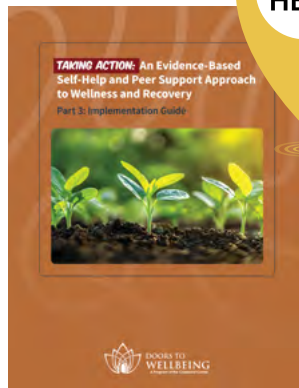


Part 2: Action Planning Workbook. This workbook includes information and prompts to guide you in developing a personal Action Plan to support your recovery and wellness. You'll also be able to plan for times when you may need additional support. The planning process includes these steps: creating a daily maintenance plan, forming action plans for difficult times, and preparing for crisis and post-crisis.

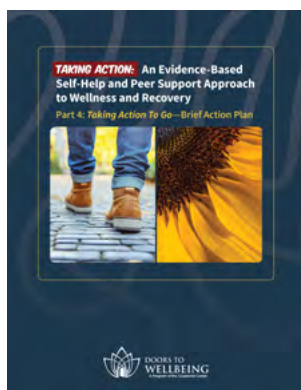



YOU ARE
HERE

Part 3: Implementation Guide. This guide helps **Taking Action** planners, facilitators, and supporters to successfully plan and implement **Taking Action**, while ensuring fidelity to best practices proven to produce superior results.



Part 4: Taking Action To Go—Brief Action Plan. This concise planning tool is for use by those of us who may be unable to participate in a full **Taking Action** group support process. It features key information and prompts for basic **Taking Action** planning.





**“WHEN THE EMPHASIS IS ON
PEOPLE HELPING ONE ANOTHER,
THE GULF BETWEEN ‘PATIENT’ AND
‘STAFF’ DISAPPEARS. SOMEONE
CAN SEEK HELP FROM OTHERS
WITHOUT BEING THOUGHT OF AS
SICK OR HELPLESS. THE SAME
PERSON WHO SEEKS HELP CAN
ALSO OFFER IT.”**

—JUDI CHAMBERLIN²



RESEARCH THAT INFORMS TAKING ACTION

Taking Action incorporates principles, practices, and content drawn from established peer support, illness self-management, and recovery research and programs. Comprehensive studies have shown that person-centered, recovery self-management, and peer support practices support better outcomes as part of an integrated approach.³

Taking Action takes an evidence-based approach to self-management education. It includes components that have demonstrated positive outcomes when co-facilitated by peers, including for the management of chronic diseases.⁴

Taking Action fosters self-determination and facilitation of individualized action plans. This reflects approaches that have been well-established through randomized control trials and other evidence-based studies.⁵

RECOVERY IS POSSIBLE

In a recent nationwide survey of the 64 million people who reported ever having a mental health issue, close to 43 million, or two-thirds, considered themselves to be in recovery or to have recovered. Similarly, among 31 million people who reported ever having a substance use problem, 22 million, or about three-fourths, considered themselves to be in recovery or to have recovered.⁶ These numbers powerfully represent the **tens of millions of Americans who have recovered from mental health or substance use challenges.**

This research shines a light on what many of us have known for decades: **recovery is possible.**

For many people who write about this process, recovery is a personally meaningful goal rather than an abstract construct to be studied academically. Laudet, Morgan, and White (2006)⁷ suggest that for people seeking substance use recovery, “the hope for a better life that sets many... on the path to recovery can be a reality.” Although the “pursuit is stressful, challenging, lengthy,” their investigation found that quality of life, satisfaction, and meaning were among its lasting rewards.

Ralph and Corrigan (2005) state that as people have gained more voice around issues that affect their lives, a new understanding of recovery has emerged based on their lived experience.⁸ This understanding of recovery emerged in the 1970s with the rise of the consumer/survivor/ex-patient movement,⁹ and is not based on a disease model framework. This view has come from individuals who were living with, and trying to recover from, mental health difficulties and the effects of institutional and other medically based treatment interventions,¹⁰ as well as people in the substance use recovery movement.¹¹

Walsh and Connelly (1996)¹² suggest that mental health recovery changes lives irrevocably. They write that

“We can never go back to our ‘premorbid’ selves. The experience of disability and prejudice attached to it changes us forever. People would not want to go back. Recovery involves growth and an expansion of capacities.”

Early research on mental health recovery has been foundational to many of the concepts **Taking Action**, and in demonstrating the reality of recovery. In the Vermont Longitudinal Research Study, 269 people were followed for approximately 32 years.¹³ The majority met the diagnostic criteria for schizophrenia. On average, participants had undergone extended hospital stays for 6 years. Individuals were offered participation in a model rehabilitation program organized around the goals of self-sufficiency, residential and vocational placements in the community, and long-term continuity of care. Study participants had been released from the hospital with community support already in place.

At follow-up, one-half to two-thirds were considered to have improved or recovered, depending on the criteria used. Sixty-eight percent did not display signs or symptoms of schizophrenia. Forty-five percent displayed no psychiatric symptoms at all. More than two-thirds were rated as having good functioning on tests that included both psychological and social criteria. One third met the criteria for *recovered*, which included full functioning in the community with no further need for professional or medical supports for their mental health. This landmark study had a great impact on behavioral health practice. It stood in contrast to the longstanding view that people with mental health difficulties could not get better.

In the substance use recovery field, there is a wealth of evidence confirming the reality of long-term recovery¹⁴ and the efficacy of peer support.¹⁵ Research has demonstrated how common of an experience recovery (sometimes referred to as “remission,” in research) is for people with substance use disorders, including people with alcohol use disorder¹⁶ and heroin use disorder.¹⁷ One study of a nationally representative sample of adults in the U.S. found that close to 10% reported ever experiencing and resolving a substance use problem. This translates to over 22 million adults.¹⁸ Other research has found similar trends among U.S. adults, estimating that 20.5M adults have recovered from a reported substance use problem.¹⁹ Earlier research from over 20 years ago documented the past-year follow-up status of individuals who had previously met Diagnostic and Statistical Manual IV (DSM-IV) criteria for alcohol dependence. The study found that only 25% remained dependent on alcohol in the past year and 12% were at risk of relapse due to current drinking patterns; the remaining respondents (63%) were completely or partially abstinent or considered in remission.²⁰ Experiences of remission or recovery can occur both in the near-term or over the long-term, as individuals decrease or stop substance use over time, and with or without ongoing treatment and recovery supports.²¹ One study of adults who resolved a substance use problem reflected that individuals used a mix of treatment, medication, self-help groups, recovery support services, or no assistance at all.²² One of the nationally representative samples found that more than half of individuals (54%) who resolved a substance use problem did not identify as “being in recovery.” The remaining half (46%) did identify as being in recovery.²³ Such research findings point to people’s variable and individualized support needs, as well as how they identify based on their recovery experiences or preferences.

There is also a new awareness that many people in substance use recovery also have mental health difficulties. The reverse, of course, is also true. According to recent data from the SAMHSA National Surveys on Drug Use and Health, about 8% of adults (over 20 million) reported the co-occurrence of any mental illness and substance use disorder.²⁴ For those navigating both mental health and substance use conditions, peer support and self-management practices can include and consider the whole person and their overall needs for recovery and well-being. This is often in contrast to the ways that mental health and substance use service systems have historically functioned in silos. Recently, many systems have begun to move toward integration.

Other research has provided evidence of durable recoveries among people with both (co-occurring) substance use and mental health challenges. One 10-year longitudinal study examined the “remission” rates of 116 study participants. The study found that 86 percent of participants had at least one 6-month period during which they no longer met the criteria for alcohol abuse or dependence.²⁵ One-third of the individuals, who had been living with significant mental health conditions, maintained sustained recovery from alcohol use. Many study participants reported increases in competitive employment, life satisfaction, and social contacts.

PEER-LED INTERVENTIONS TO PROMOTE WELLNESS

Studies of other peer-delivered interventions that promote mental wellness indicate the effectiveness of these approaches on well-being.²⁶ This includes a reduction of symptoms related to depression and anxiety, an improvement in recovery measures,²⁷ and increased hope,²⁸ quality of life,²⁹ and self-advocacy with service providers.³⁰ These studies have also shown that over time, participants need and use fewer services to manage their mental health conditions.³¹ Central to this approach is a commitment to self-determination for individuals who are navigating mental health challenges.³²

Also central to the success of illness self-management interventions is the unique and powerful role of peer support and the peer-to-peer relationship. Peer support contributes to recovery outcomes as well as satisfaction with services.³³ When self-help groups use mutual learning and personal sharing of wellness tools, studies have shown improved symptoms and increases in participants' social networks and quality of life.³⁴

When **Taking Action** is implemented through peer support approaches, it is an evidence-based approach. For example, **Taking Action** facilitators provide lived experience examples of action planning for their wellness and recovery. This approach has demonstrated outcomes in improving social functioning and reducing substance use.³⁵

IMPLEMENTATION AND FIDELITY

Research has shown the importance of ensuring fidelity when implementing illness self-management models.³⁶ Fidelity to the process is critical to preserve the integrity of the values and practices that have led to successful recovery outcomes; process fidelity can be maintained even while engagement and facilitation approaches are tailored to specific groups or cultures. **Taking Action** resources in this implementation guide include considerations and tips for planning and implementation, facilitator support, financing and sustainability, continuous quality improvement, and an evidence-based Values and Ethics Checklist (see “Appendix A: Applying Taking Action Concepts, Values, and Ethics” on [page 26](#)). The checklist helps facilitators monitor how well they are adhering to the intended model. Overall, the resources in this guide will ensure that **Taking Action** is planned and implemented with intention and integrity. See “Appendix B: Additional Tips and Guidelines for Facilitating Taking Action” on [page 29](#) for additional tips for facilitators.



HOW SERVICE AGENCIES AND SYSTEMS CAN SUPPORT TAKING ACTION

Taking Action is designed to be used and made available through multiple pathways, such as:

- ✓ **Agencies, organizations, and systems:** Implementation of the **Taking Action** curriculum can be supported by:
 - state, county, and local behavioral health delivery systems
 - for-profit and nonprofit organizations
 - volunteer groups
 - support groups
 - peer support groups
 - peer-run programs

Taking Action can be integrated into recovery-oriented programs and services as a complementary self-care and recovery resource and as an employee wellness resource to foster workplace well-being. To learn more about the benefits of this program, review Benefits of **Taking Action** on [page 4](#).

- ✓ **Individual and peer-to-peer:** Although a group format led by trained facilitators is a best practice for **Taking Action**, individuals and one-on-one peer support relationships can also use the program. The new format for **Taking Action** encourages individual use of the workbooks with trusted supporters. We can use the workbooks as self-guided tools for learning, exploration, and action planning on our own or with one or more peers, such as family members, friends, loved ones, colleagues, or classmates.

In any **Taking Action** experience, it is important to review the Values and Ethics Checklist (see Appendix A on [page 26](#)) frequently. This will ensure that facilitators and peers have the intended experience and use best practices. Also, visit the section on Promoting **Taking Action** on [page 19](#) for ideas about making **Taking Action** widely available in your community.

LIVED EXPERIENCE AND PEER LEADERSHIP

Taking Action prioritizes, includes, and values lived experiences of recovery as well as leadership by peers (people with lived experience in wellness recovery). Lived experience leadership is central in both planning and implementing **Taking Action**.

Taking Action is not intended to be offered as a clinical service or treatment, as a replacement for other types of care, or based on a person's specific diagnosis. The strengths of **Taking Action** are rooted in the shared experiences that we have all had in overcoming challenges in our lives, and the lessons we can learn about ourselves and with others throughout the process.

In many communities, established peer-run organizations may have staff trained in **Taking Action** materials, including the Values and Ethics Checklist on [page 26](#). Some organizations have been using these materials for more than a decade. They may offer valuable, skilled support in implementing **Taking Action**.

Embedding *Taking Action*

In this section, agencies, systems, and employers can learn more about various pathways to share and support *Taking Action*.

TAKING ACTION FOR PEER SUPPORT

As a self-directed wellness and recovery resource, *Taking Action* aligns well with individual and group peer support. The flexible curriculum can be used in multiple ways to enhance peer-based recovery support services. Here are a couple of examples:

- **Conduct *Taking Action* groups.** These could be established, ongoing groups that work through *Taking Action*. Or an agency could offer separate, time-limited *Taking Action* groups with individuals who choose to participate. When facilitating *Taking Action* groups, it is best to have two or more facilitators familiar with *Taking Action* who have completed the needed preparation and training.
- **Review *Taking Action* as part of one-to-one peer support relationships.** Workbook sections can be useful as individual topics, clusters of topics most relevant to specific interests and needs, or as a full, continuous curriculum. Individuals can complete the work on their own, or work together with a peer supporter.

SEAMLESS INTEGRATION WITH EXISTING SERVICES

For *Taking Action* to be most effective, it should be thoughtfully integrated into existing peer support services and organizational programs. Agencies can enhance their services by aligning *Taking Action* with other established peer support models, creating a continuum of care that supports individuals across multiple dimensions of their recovery journey. For instance, incorporating *Taking Action* into ongoing peer support groups or linking it with existing wellness programs can reinforce both approaches' recovery-oriented principles. Case studies and examples of successful integrations can provide valuable insights for organizations considering this model, illustrating how *Taking Action* can complement and strengthen current services without duplication or redundancy.

Remember: *Taking Action* should always be a completely voluntary offering. Participants should never be coerced or forced into the program. *Taking Action* is also not a treatment plan. Rather, it is a voluntary, peer-led, self-directed approach to supporting recovery and wellness. It can be used as a complement to a person's treatment or recovery plans, and as an independent wellness resource.



TAILORING AND ADAPTING **TAKING ACTION**

Taking Action is structured so that the topics, examples, and discussions can be tailored to different groups, settings, populations, and needs. To fully realize the potential of **Taking Action**, facilitators and agencies must approach implementation with cultural responsiveness at the forefront. This means understanding and respecting participants' unique cultural, linguistic, and social contexts.

Skilled **Taking Action** facilitators take time to understand participants' backgrounds and needs and to ensure that discussions are relevant and culturally responsive. Facilitators should seek to integrate culturally relevant examples and practices into the curriculum and engage with local community leaders to ensure that the content resonates with participants.

Typically, participants and a facilitator will shape how this looks in any given group. For example, a peer support group focused on substance use will include co-facilitators with lived experience of recovery from a substance use condition. The group discussions may also emphasize different experiences and goals than a support group that focuses on re-entry from incarceration or hospitalization. Similarly, a peer support group with youth or young adults will most likely have unique needs as they transition to adulthood, compared with a group of middle-aged or older adults.

By actively tailoring discussions and materials to reflect the identities and lived experiences of the group, **Taking Action** can more effectively foster a supportive atmosphere. During this process, it is important for facilitators to continue referring to the Values and Ethics Checklist (see Appendix A on [page 26](#)).

IMPLEMENTATION NEEDS

Service agencies and systems must engage in careful assessment, community engagement, and planning before beginning to offer **Taking Action**. This will help to ensure quality, safety, and sustainability of **Taking Action** for the long-term. It will also ensure that the program is able to meet its participants' needs and preferences.

Here are best practices to consider. Also, see Appendix C on [page 31](#) for a sample implementation worksheet to help guide your planning.

- A **Steering Committee** is a small group of individuals who will commit to meeting regularly and conducting the planning, assessment, and implementation support needed to develop **Taking Action** offerings. The Steering Committee should represent the community in terms of varied backgrounds and experiences. Over time, the Steering Committee can continue to oversee and guide the **Taking Action** implementation, including quality oversight, fundraising, growth, etc.
- A **needs assessment** can be formal (for example, surveys, focus groups) or informal (for example, asking members of a peer support or service program about their interests). The assessment will help planners to understand potential interest and anticipated benefits and outcomes of **Taking Action**. This is also an excellent opportunity to engage members of the community in informing services and supports.
- A **capacity assessment** can determine whether the agency or system has the needed resources to support implementation. This might include the needed funding or in-kind donations, staff or volunteers, facilitators, participants, or other factors.
- **Facilitators** can be people who use services, family members, or care providers (though it should not be provided or required as a clinical service). Identify at least a few (three to five) facilitators and support them in preparing for this role. This support might include providing formal training in **Taking Action** co-facilitation or internal preparation to become familiar with the program. Facilitators will need ongoing training and mentorship. This training might include regular refresher training, peer-to-peer mentoring, and opportunities for facilitators to share experiences and challenges. Agencies should consider integrating these ongoing support mechanisms into their implementation plans to strengthen the program's quality and sustainability.
- **Administrative support** is needed for tasks like recruitment, fundraising, fiscal management, resource development, promotion, recordkeeping, and evaluation. Other people might be involved in promotion, outreach to key stakeholders, preparation and planning tasks, program oversight, and follow-up.

- **Space** is an important consideration. Being in a room that is spacious and bright with natural light and comfortable furniture can help people feel safe and engaged. Try to avoid rooms that are in basements or otherwise dark or small. Look for seating options that are conducive to group interactions. Meeting in a traditional classroom-style set-up is not ideal. Instead, it may be helpful to have comfortable chairs or couches placed in a circle or U shape that you can easily move around.
- **Inpatient or residential settings** are among the possible settings to offer **Taking Action** as a supportive, self-directed wellness and recovery resource. This setting may also require additional implementation considerations. For example, implementers must take extra care to ensure that **Taking Action** is a voluntary, optional resource that will complement an individual's treatment plans. Everyone should have the opportunity to start the process, if they wish to. No one should be forced or coerced to participate. Trained facilitators can tailor the **Taking Action** discussions to emphasize content on participants' rights in recovery, such as the rights and protections afforded by [Olmstead vs. L.C. Supreme Court Decision](#). This is an important part of empowering and supporting people to plan their recovery and return to their communities. In this and other settings, encourage employees to create **Taking Action** plans for their own well-being.
- **Agency follow-up** may help participants as they complete **Taking Action** and continue to work on their recovery. This could be outreach to offer additional services and supports or to conduct a basic check-in and explore any additional support needs.
- **Quality assurance and evaluation** ensure that **Taking Action** is implemented using best practices and continuous quality improvement. In addition to using pre- and post- surveys, this can include regular program evaluation surveys, focus group discussions, or listening sessions with past or prospective participants. Identify how the agency will review and use the information, and who will be responsible. Agencies should establish a framework for regular fidelity checks including peer reviews, facilitator self-assessments, and participant feedback mechanisms. By incorporating tools such as the Values and Ethics Checklist (see Appendix A on [page 26](#)) into these processes, facilitators can continuously evaluate how well they are adhering to best practices.
- **Integration of peer roles** is an important process in any service organization. If **Taking Action** will be the first time an agency is providing peer-delivered programming or supporting peer roles, it may be helpful to offer training to staff. For some, the concept of peer roles may be unfamiliar. They may need help understanding and appreciating how peer roles differ from other roles such as clinicians, case managers, or administrative staff. As a result, we may need to revise support structures such as job descriptions, supervision, and performance reviews. This is a part of optimizing peer-led services that organizations should do on a continuous basis.
- **Liability insurance** is typically required for service organizations. Before implementing **Taking Action**, agencies want to be sure they have the needed coverage for this activity and in the locations where it will take place.
- **Policies for responding to crises and other concerns** are important for any organization that is providing services and supports. Be sure that **Taking Action** facilitators and other volunteers are aware of agency policies for reporting and responding to crises, mandated reporting concerns, or other incidents. If facilitators are already employees of the organization, this type of training and support would occur during onboarding, supervision, or ongoing staff training. If facilitators are not employees, agencies may need to establish other mechanisms for support and oversight.



Sample Framework for Quality Assurance in *Taking Action* Implementation

1. ESTABLISH CLEAR OBJECTIVES:

- Define the goals of the quality assurance (QA) process. Goals can focus on maintaining program fidelity, enhancing participant outcomes, or supporting facilitator effectiveness.

2. DEVELOP A QA PLAN:

- Outline key activities for monitoring and evaluation, including regular facilitator assessments, participant feedback collection, and program fidelity checks.

3. IMPLEMENT FIDELITY MONITORING TOOLS:

- Use the Values and Ethics Checklist (see Appendix A on [page 26](#)) and other tools to ensure that facilitators adhere to the core principles of *Taking Action*.
- Conduct peer reviews and self-assessments regularly to identify areas for improvement.

4. COLLECT PARTICIPANT FEEDBACK:

- Gather feedback from participants through surveys, focus groups, or informal discussions at multiple stages of the program.
- Use feedback to adjust and refine program delivery and content, as needed.

5. FACILITATOR SUPPORT AND DEVELOPMENT:

- Provide ongoing training, mentoring, and peer-to-peer learning opportunities for facilitators to maintain their skills and ensure consistency in program delivery.

6. REVIEW AND REFLECT:

- Regularly review QA findings with key stakeholders, including facilitators and agency leadership, to assess program performance and identify trends.
- Reflect on successes and challenges and make data-driven decisions for continuous improvement.

7. DOCUMENT AND REPORT:

- Keep detailed records of QA activities, including assessments, feedback, and actions taken.
- Share outcomes and improvements with *Taking Action* facilitators and supporters to maintain transparency and accountability.

8. CONTINUOUS IMPROVEMENT CYCLE:

- Treat QA as an ongoing process with periodic reviews and updates to the QA plan based on new insights, participant needs, and emerging best practices.

Championing Implementation

There are many ways for agencies and systems to promote, directly support, and help expand the availability of **Taking Action**. Champions for **Taking Action** might choose to start small by finding basic ways to promote or support **Taking Action**, and over time work toward broader, multilevel implementation. Here are several ideas for supporting **Taking Action**.

- **Partner with certified peer facilitators or co-facilitators.** This is an excellent opportunity to collaborate with peer-run organizations that have experience supporting people who want to self-direct their recovery journey. These organizations can help identify trained, certified peers who are available to fill these roles.
- **Pay for co-facilitators' training and time.** For agencies or systems that want to invest in internal staff, volunteers, or service participants to become trained, they should pay for training costs and time (for example, through work hours or via stipends).
- **Offer space for peer support and mutual aid groups to meet.** Offering free use of comfortable facilities will save budget resources for **Taking Action** implementers. Be sure to consider the size, availability, and environment of the space to ensure that it is a good fit for a **Taking Action** group to meet.
- **Encourage groups of interested participants to gather voluntarily.** Offering **Taking Action** in a group format does not always have to be formalized with a trained facilitator. Agencies can encourage people to voluntarily gather and work through the materials using the self-guided workbook and prompts. Providing space or flexible time for staff to participate is another way to support this effort.
- **Offer **Taking Action** groups for people currently engaged in services or program alumni.** While **Taking Action** on its own is not a clinical service or reimbursable treatment, the curriculum offers valuable content to support people in their recovery journeys and self-guided recovery planning, both during and following completion of treatment.
- **Identify and advocate for reimbursement and other funding streams that can support **Taking Action** as a valuable recovery support resource.** Agency and system leaders play an important role in promoting the value of self-directed recovery support programs such as **Taking Action**. Identify or advocate for pathways to fund and sustain this supportive resource.
- **Provide or fund training and technical assistance to other agencies and leaders interested in **Taking Action**.** Although service systems or government systems may not always be able to fund **Taking Action** implementation directly, it may be possible to provide information, training, and technical assistance to support co-facilitator training and implementation.
- **Reach out to other agencies or programs that provide **Taking Action**.** Seek input and mentorship, and share experiences and best practices.
- **Promote awareness of **Taking Action** resources.** Agencies and systems can also provide information about **Taking Action** and how to use the self-guided resources, to build awareness among individuals and their peers. (See also Promoting **Taking Action** on [page 19](#) as a Self-Care and Recovery Resource.)

Supporting Workplace Well-being

Many types of employers are interested in resources and tools to promote employee well-being. This growing interest is reflected among [Recovery Friendly Workplace](#) programs that have gained momentum in many states. There are many steps that any employer can take, however, to improve organizational culture and policies to better support recovery and well-being. **Taking Action** is one pathway to improving employee support and supporting a recovery friendly workplace.

To learn more about recovery-oriented workplace initiatives, visit these websites:

- **SAMHSA Peer Recovery Center of Excellence:** https://peerrecoverynow.org/wp-content/uploads/RFW_Toolkit_2022_03.pdf
- **U.S. Department of Labor:** https://www.dol.gov/sites/dolgov/files/ETA/RRW-hub/pdfs/RRW_Toolkit_508_FINAL_v5%2011.8.23.pdf
- **National Institute of Environmental Health Sciences:** <https://tools.niehs.nih.gov/wetp/index.cfm?id=2621>



Here are several suggestions for employers:

- **Encourage employees to work together on *Taking Action*.** Employers can invite employees to participate in formalized groups or informal support groups to complete ***Taking Action*** together. Allowing employees to do this task during work hours is a way for an employer to provide meaningful support. It demonstrates a commitment to the well-being of the workforce. These groups help foster connection, belonging, support, or action planning based on shared experiences.
- **Partner with peer-run organizations and certified peers to co-facilitate groups.** Organizations and companies can partner with established peer-run organizations in the community to identify trained co-facilitators who are available to facilitate ***Taking Action*** groups for a fee. It may be helpful to ask staff members for their input about whether they prefer to participate in a group with external or internal facilitators.
- **Support staff to become trained as facilitators.** In organizations that prefer to offer formal ***Taking Action*** groups, employers can invest in training and professional development for the staff who will serve as peer co-facilitators. Employers can cover costs for the training and staff time to attend.
- **Review *Taking Action* concepts and values to inform organizational policies and culture.** This process could be done by a small group of leaders or representative staff, or by a staff group participating in the ***Taking Action*** curriculum. ***Taking Action*** concepts can shed light on areas in the organization where employees could use additional support to succeed in their roles and to be well. The concepts, values, and information can be used by organizations to develop messaging, information posters, supportive resources and policies, and more.

Taking Action to support employment and wellness through work is an important part of recovery. **Taking Action** can complement the evidence-based practice of [supported employment](#), which has values and ethics similar to **Taking Action**. For example, common values include empowerment, self-determination, exploring choices and options, and focusing on strengths instead of disability or illness.

Supported employment approaches also align with community inclusion principles.³⁷ This means that participation in employment should be available to people with mental health or substance use conditions, like anyone else, regardless of disability. The support for employment focuses on individualized approaches.³⁸ Individuals are empowered to seek and keep employment of their choice.

Taking Action can be applied to one's goals of seeking and keeping employment and staying well while employed. Through the facilitated group peer support process, individuals are supported to mutually explore, identify, and develop action plans related to employment goals. In addition to finding jobs, this action could include a focus on making career changes, improving job performance, or transitioning back to work after a crisis.

In a **Taking Action** group, participants can start to explore how each concept in **Taking Action** applies to recovery and wellness related to employment. For example, this could be exploring how self-esteem may be affected by the process of seeking employment and coping with rejection. Likewise, participants can discuss how to boost self-esteem in order to prepare for a job interview with confidence and intention.

As with any topic, **Taking Action** to support employment works best when facilitators have used the program to support their own employment goals.

The Role of Employment

Employment is a key domain of community inclusion. Mark Salzer, PhD, Director of The Temple Collaborative on Community Inclusion, has conducted research that demonstrated having opportunities to participate in employment is a medical necessity.³⁹ Dr. Salzer's research has also demonstrated there are many obstacles to employment for people with mental health conditions.

PERSONAL EXPERIENCE: TAKING ACTION

Matthew R. Federici, MS, CPRRP, is CEO of the Copeland Center for Wellness and Recovery and program director for SAMHSA's Doors to Wellbeing National Technical Assistance Center for Mental Health Recovery. He has worked for and led peer-led nonprofit organizations and initiatives for over 20 years. He has facilitated action planning for wellness and recovery groups around the world. Here, he shares about **taking action** to support employment from his experience in leading supported employment services.



Meaningful employment is foundational to my own recovery journey and current whole health and well-being. When I was providing supported employment services in the public health system, I would invite people to share their story about employment and their recovery. Many people shared a similar story that when they received a diagnosis from their medical providers, they were told not to work because “work is stress and stress can exasperate their symptoms.” However, many of us, myself included, find that the pursuit of meaningful work is not just an outcome of recovery, but a means to our wellness and recovery. It is not the goal of recovery to avoid stress. Rather it is to develop resiliency skills and individualized approaches that allow us to experience the ‘normal’ stress of community participation like everyone else and stay well in the process.

*We can't wait to meet a system's definition of wellness and readiness to participate in the community. We get wellness and support our wellness through our participation in the community. **Taking action** for supporting employment for me is an individualized and systematic approach that we can develop through a process of mutual sharing with others and create action plans despite our unique triggers and early warning signs. When our triggers and signs are left unattended, it can disrupt any of our lives and especially our employment. But we can, we have, and we will find individualized, simple, and practical approaches to stay well despite our life and health challenges. We can also enhance our wellness to levels others may have caused us to doubt in the past; I have. The level of wellness we can achieve in our careers when we keep **taking action** is undefined and unlimited.*

PROMOTING TAKING ACTION

Strategic outreach and promotion are essential to maximize the impact of **Taking Action**. Agencies should develop a tailored outreach plan that identifies key audiences, such as individuals in early recovery, individuals transitioning from institutional care, or specific demographic groups that may benefit most from peer support.

Using a mix of digital and traditional communication channels—such as social media, community newsletters, local events—can help raise awareness and generate interest. It is essential to craft clear, compelling messages that resonate with potential participants, highlighting the program’s benefits in relatable and engaging ways.

Additionally, involving current and past participants as ambassadors can lend authenticity to the outreach efforts, making the program more relatable and trustworthy to those considering joining.

Sample Promotional Strategies

WAYS TO CONVEY INFORMATION

- Media interviews of facilitators or sponsoring agency staff
- Community announcements and advertisements (newspapers, radio, TV, posters)
- Postings in recovery newsletters or Internet groups, chat rooms, or on websites
- Outreach, collaboration, and networking with other agencies and organizations
- Informational presentations
- Public informational meetings
- Posting and engagement on social media platforms



WHERE TO FOCUS OUTREACH

- Public community spaces such as libraries
- Service agencies and organizations
- Clubhouses
- Recovery community organizations
- Peer-run organizations
- Drop-in centers
- Treatment programs
- Residential or inpatient facilities
- Outpatient facilities
- Day programs
- Family resource centers
- Vocational rehabilitation programs
- Employment services centers
- Healthcare facilities
- Criminal justice facilities, courts, and other venues
- Re-entry programs
- Recovery homes
- Group homes
- Supportive housing programs
- Local and regional agencies
- Schools, including high schools and higher education (colleges, universities, community colleges)
- Workplaces interested in improving worker well-being and retention

Social Media

Notably, digital platforms and strategies have grown tremendously since **Taking Action** was first created. Now, there are many platforms that are uniquely effective at reaching different audiences by different means. They may be more private or public, depending on the structure of the platform.

As you promote **Taking Action** via social media, keep in mind these recommendations:⁴⁰

- **Designate someone to manage social media outreach and engagement.** Someone, or a team, must consistently post and interact with social media audiences, and respond if someone reaches out. If you can't designate one person to take the role, create a guide with information and policies for team member use when posting.
- **Know your priority audience and where they show up on social media.** For example, people in a professional network might use LinkedIn, whereas younger groups might use TikTok or Instagram. Using this information, start with one or two platforms where you can strategically outreach and engage with your target audience. Multiple media accounts are not necessarily better, especially if you can't keep up with content creation and engagement.
- **Build a content strategy and calendar.** Start by defining your social media goals. Are you trying to build awareness or interest in your agency, to share important information, to grow your followers, or to promote enrollment in a specific program at a specific time? Depending on your goals, your social media strategies and messaging will differ. Build a calendar with topics, messages, and resources that you can post throughout a month or longer period.
- **Choose the right messages and media.** Images and videos are increasingly popular, as are infographics, quotes, facts, and other brief content that is sharable. When promoting something with specific dates, like a meeting or training, create events where people can RSVP or ask questions.
- **Interact and engage.** Post content that is brief and easy to interact with. Look for ways to start a conversation. Ask people to post and share your content. Connect with other social media accounts to cross-promote your message to wider audiences.
- **Choose how you will measure success.** Various analytics and data help track social media engagement. These are common measures; just remember that analytics will vary by platform:
 - reach
 - impressions
 - growth in followers or subscribers
 - engagement through comments or reactions
 - sharing
 - clicking through to a website or registration link



Helpful Social Media Resources to Promote Peer Support and Recovery

- [Piloting Dissemination and Advocacy of Peer Support through Social Media: Peers for Progress Recent Effort and Lessons Learned](#)
- [Recovery Community Organizations Social Media Toolkit](#)

Consider these questions when building out any social media or communications strategy.



- ✓ What are your communications goals?
- ✓ Who is your priority audience(s), the people you want to reach?
- ✓ What is the key message(s) you want to share? What do you want your audience(s) to hear, know, or learn?
- ✓ What is your call(s) to action? What do you want your audience(s) to do after receiving your message(s)?
- ✓ What dissemination channel(s) are available for reaching your audience(s)—where are you most likely to find them (in person, online)?
- ✓ What material(s) do you need to reach your audience(s) on the dissemination channels?
- ✓ When and how often do you need to reach your audience(s) on the dissemination channels?

Sample Messaging

Both in social media channels and other conventional formats—posters, flyers, emails—messaging must be clear and easy to understand. Consider testing sample messages with community members. Use their feedback to improve marketing.

Here are several approaches to sample messaging:

Describe Common Challenges that People May be Experiencing:

- We all experience challenges and disruptions to our well-being. It is frustrating when this stops us from doing the things we want to be doing.
- Sometimes we experience physical, emotional, or psychiatric symptoms and challenges that stand in the way of our well-being.
- Have you ever wanted to work on your well-being, but didn't know where to begin?

Describe the Benefits of **Taking Action**:

- **Taking Action** can help you to build a personal action plan, tools, and resources that you can use to improve your well-being.
- **Taking Action** can help you to focus more on your goals and less on managing challenges.
- **Taking Action** can help you to improve your quality of life and build self-confidence.
- **Taking Action** helps us to feel hopeful about our recovery and well-being.
- **Taking Action** can help you to build a proactive plan for navigating crises and regaining well-being, which you can share with supporters in your life.
- **Taking Action** can help you to reduce your use of crisis services and identify resources that will support your goals for recovery and well-being.

Provide Details about *Taking Action*:

- ***Taking Action*** is based on the collective knowledge and experiences of people who have been working together to achieve recovery and wellness for over two decades.
- ***Taking Action*** is based on research-backed approaches to peer support, recovery, and wellness.
- ***Taking Action*** is a self-directed learning process, to help you find what works best for you in your path to recovery and well-being.
- ***Taking Action*** is grounded in peer support and led by trained peer facilitators in one-on-one discussions or group formats.
- ***Taking Action*** is helpful to anyone who thinks they can benefit from action plans to create positive changes in their life.
- ***Taking Action*** participation is always voluntary, never coercive or mandated.

Next Steps and Call to Action:

- ✓ To learn more, call . . .
- ✓ To register, go to . . .
- ✓ If you are interested in ***Taking Action***, you will need . . .

FINANCING TAKING ACTION

The benefits to implementing **Taking Action** are vast. To do this work well, agencies and systems need to understand the factors that will drive costs, now and in the future.

These are typical cost considerations:

- Employee costs (actual costs and lost opportunity costs)
- Stipends to cover basic costs for staff and volunteers
- Supplies
- Equipment
- Technology
- Space rental
- Refreshments
- Travel reimbursement for facilitators or participants
- Accommodations (interpreters, translators, etc.)
- Liability insurance (if not already covered)

Available funding resources may vary by setting, service, agency, or system. These are examples of funding opportunities:

- An educational expense for a day treatment or other community support program
- Part of programming at a fee-for-service agency
- Medicaid reimbursement
- Insurance program reimbursement, depending on plan type
- Vocational rehabilitation option
- In-kind contributions
- State and federal grants, including system change grants
- Voucher programs that pay for nontraditional recovery supports
- Direct payment from local or state government
- Donations from organizations or corporations
- Private foundations
- Participant fees
- Prevention coalitions
- Support to increase availability of behavioral health services in a specific community
- Contracts with employers for their employee wellness or employee assistance programming
- Fundraising events (dances, raffles, sales)
- Businesses that support returning Veterans and their families



COMMON BARRIERS TO IMPLEMENTATION

As you begin to plan for **Taking Action**, it may be helpful to review common pitfalls and plan to avoid them. Here are a few first-person experiences to consider.

- **Pitfall:** Individuals are forced to participate in mandatory groups

“I was asked to come into an agency as a substitute for group facilitators there and offer an action planning group. When I got there to pick up the group that had been started, the participants were not there voluntarily—people even asked me for permission to go to the bathroom. After the session, I learned that their plans were kept in a locked file in the staff office. It was terribly disempowering for me and for the participants.”

“I have witnessed a veteran hospital program that just reads through the material and there’s no conversation in the group and people are mandated to attend these sessions. Consequently, when they get out of the hospital, they won’t even entertain the idea of joining our peer-led groups because that experience was so negative for them.”

- **Best practice:** Only offer **Taking Action** on a voluntary basis. It should never be required or mandated. Facilitators and agencies should create an environment where they encourage participation, but never mandate it. This approach includes clear communication with participants that their involvement is by choice, and that they can engage with content at a pace and level that feels comfortable. If a facilitator finds that a participant was required to attend, the facilitator can make it clear that active participation and engagement is optional.

- **Pitfall:** Groups are facilitated by non-trained individuals or by a single individual rather than by two peers trained in co-facilitation

“I frequently hear people are doing these groups and I know they are not trained in the materials or peer facilitation. Many of these group leaders are being directed by their supervisors to run these groups without any experience. Some even go as far as training other facilitators when they have no facilitation training themselves and they make changes or add material that is not about wellness but illness.”

- **Best practice:** Invest in finding facilitators trained in **Taking Action** facilitation. Or invest in training for staff members or volunteers to facilitate **Taking Action**. Make it a policy to only offer **Taking Action** groups when two or more facilitators are available.

- **Pitfall:** Action plans are presented and used as a care plan or treatment plan between a “client” and professional staff person

“Before we had training and mentoring on the program, they were making people put their action plans into the treatment plans in our county. The program was presented by one presenter who would just read the material to the group. No one in those groups had any personal ownership of their own action plans for their wellness. No stories of their own. The provider and the person in the services just felt like it was another thing they had to do. People who come to our groups now share how negative that experience was to them and how thankful they are to know it is a peer-based personalized process, and not another treatment plan.”

- **Best practice:** **Taking Action** should only be facilitated by peer facilitators. It is not meant to be part of a clinical service or requirement, and cannot take the place of treatment or recovery services. **Taking Action** plans or other materials should be kept by the participant and only shared at their discretion.

- **Pitfall: Taking Action** Facilitators do not receive mentoring support

“Unfortunately, we had to learn this the hard way. We had initially believed that an individual could complete peer co-facilitation training and then go out and just start a group on their own. This led to frustration on the part of the newly trained facilitators, who became easily discouraged, and it also led to unrealistic and unmet expectations on the part of the agency. Our peer co-facilitated action planning groups are now delivered with ongoing support to the participants throughout a six-week process. Additionally, we provide on-site mentoring and off-site support for new facilitators, to assist with skill development as they are getting started.”

- **Best practice:** Invest in training and ongoing learning, professional development, and mentorship for facilitators. Help facilitators to find trainings and opportunities for peer-to-peer development, including feedback and mentorship from seasoned facilitators.

As with any program, implementing **Taking Action** can present challenges. Agencies can overcome these challenges with careful planning and proactive strategies. By anticipating and addressing common obstacles and following best practices, agencies can create a smoother, more effective implementation process that benefits all participants.



APPENDIX A: APPLYING TAKING ACTION CONCEPTS, VALUES, AND ETHICS

For both individuals and agencies, it is important to adhere to established values and ethics that are central to **Taking Action**. Using the Values and Ethics Checklist is essential when working with **Taking Action** materials. In evidence-based studies on wellness self-management practices, researchers measured these values and ethics to ensure fidelity to what works best.⁴¹

These are recommended practices for using the checklist.

Facilitator Review

- Facilitators work in pairs and review the following Values and Ethics Checklist to ensure conformity before and after each session. Assess these after each co-facilitation session and discuss how well these were followed. Identify how they were supported by the co-facilitation of reading, written, visual, auditory, and kinetic aspects of the session.

Adapting the Checklist

- In some organizations, facilitators may decide to make changes to the checklist. All proposed adaptations and revisions must be assessed to ensure that they fit within these values and ethics before they are implemented.

Using the Checklist to Guide Organizations

- The concepts and items included in the Values and Ethics Checklist can also provide a framework for evaluating an organization's recovery culture. Organizational decision makers may find it helpful to use the items and topics to assess and guide programs as well as resources that promote employee wellness.

Values and Ethics Checklist: **Taking Action** Co-Facilitation

1. **Co-facilitation conveys the premise that there is hope, that people can get well, stay well for long periods of time, and do things they want to do with their lives.**
 - Emphasized that there are no limits to wellness and recovery.
 - Encouraged individuals to make plans for fulfilling futures.
2. **Self-determination, personal responsibility, empowerment, and self-advocacy are key aspects of **Taking Action** for whole health and well-being.**
 - Co-facilitated the sharing of ways we have kept or have taken back control over our lives.
 - All topics reflect a focus on self-determination, empowerment, and self-advocacy.
 - Co-facilitated the idea that we can advocate for ourselves and that there are many ways to take action on our own behalf.
 - Supported the value of taking manageable risks as a part of personal growth.
3. **Co-facilitated group decision making and personal sharing.**
 - All decisions concerning the group are made by the group with group members deciding how issues are to be resolved.
 - Personal sharing within time and subject parameters is encouraged and supported.

4. All individuals are treated as equals with dignity, compassion, mutual respect, and unconditional regard.

Emphasized that all individuals have the right to be treated as equals with dignity, compassion, mutual respect, and unconditional regard.

5. There is unconditional respect for people as the unique, special individuals they are, including different cultural backgrounds, languages, religions, ages, parenting statuses, military experiences, “readiness” considerations, or other characteristics.

Co-facilitated atmosphere for individuals to advocate for how they are treated and to ensure that needs are supported, including support for different experiences.

Co-facilitated an environment that supports and includes individuals’ rights to reasonable accommodations.

Emphasized welcoming, supportive, and non-judgmental atmosphere.

6. There is zero tolerance for discrimination or disrespectful comments.

Discriminatory comments or actions were avoided.

Co-facilitated a focus on treating each other with mutual respect and honoring different experiences, and intervened as needed.

7. This program is based on the premise that there are no limits to recovery and wellness.

Individual goals and plans were supported without judgment.

8. Participants are given the opportunity to explore choices and options, and are not expected to find simple, final answers.

Co-facilitated an atmosphere supporting and exploring choices and options without pressures to find final answers.

Co-facilitated a broad range of wellness options to consider.

9. All participation is voluntary.

Co-facilitated support to ensure all participation is, in fact, voluntary.

No requirements or demands were made on individuals against their will, and no one was pressured to participate, including having to read materials or be called on.

10. It is understood that each person is the expert on themselves.

Co-facilitation supported individuals speaking from their own experiences, trusting their own judgment about what will work for them, and making their own decisions based on their self-knowledge.

11. The focus is on individual strengths and away from perceived deficits.

Co-facilitation focused on things that people do well and that there were no negative judgments or deficit-based assessments.

12. The focus is on working together and having peers learn from one another to increase mutual understanding and knowledge and to promote wellness.

Co-facilitation included several interactive exercises that include the entire group, pairs, and smaller groups.

Created an atmosphere where everyone feels comfortable learning from each other (turning questions back to the group).



13. The focus is on strategies that are simple and safe for anyone, and it stays away from strategies that may have harmful effects.

Facilitators and participants shared strategies that are simple and safe.

Facilitators steered the discussion away from strategies that might have harmful side effects and toward resources that inform these topics.

14. Difficult feelings and behaviors are seen as normal responses to traumatic circumstances.

Individuals were encouraged to view difficult feelings and behavior in the context of what was happening, not as symptoms or a diagnosis.

Co-facilitators avoided using clinical, medical, and diagnostic language and focused on life experiences from a wholistic perspective.

APPENDIX B: ADDITIONAL TIPS AND GUIDELINES FOR FACILITATING TAKING ACTION

- ✓ When using the **Taking Action** workbook with a peer group, allow plenty of time to start the first session. This includes allowing time to orient participants to the agenda and physical space, to make connections through introductions, and to allow each individual to share what they need to support their participation. Depending on group size, this will take between 90 and 120 minutes. A group size over 20 will significantly decrease opportunities for individuals to be engaged.
- ✓ Provide opportunities for everyone to hear, see, and interact with each topic and materials. For example, make a colorful poster with the essential elements of the curriculum. Include resources for people to use their creativity in developing their action plans (different types of paper, pens, markers, crayons, scissors, glue, magazines, and other craft materials).
- ✓ For each activity, facilitators model the activity as an example for participants. Use creative activities incorporating arts, music, movement, and crafts. Model and invite each person to practice peer support by breaking into smaller groups and one-to-one sessions exchanging ideas about the topics. Co-facilitators model that these discussions are validating chats, whereby we simply share and listen without interruptions, interpretation, or giving advice to each other.
- ✓ Set up the environment so that the group is available to each other and there is plenty of room for activities and smaller group gatherings. For example, a circle or U shape is best for engagement and interaction. Avoid room setups that are based on a traditional classroom style with space upfront for a “lecturer,” “teacher,” or “expert.” This arrangement can create an unwanted power differential.
- ✓ Ensure that the environment promotes wellness such as having plenty of natural light, availability of water, and absence of physical hazards.
- ✓ Start with topics at the beginning of the **Taking Action** workbook and provide copies of the workbook. Remind participants that they can choose to write in the workbook or use other materials to express and record their ideas. Participants can also opt to discuss concepts without writing them down.
- ✓ Preview and present each topic with time in between topics for interactive activities and discussions. Each topic or section of **Taking Action** may take between 20 to 40 minutes, depending on group size and the group’s engagement. To complete the entire curriculum this way may require eight or more smaller sessions (21 hours or 3 full days) or up to 40 hours. The sessions and format should be based on participants’ needs and availability. It is important to allow this flexibility and avoid just reading material to people to work through the content in a short period.
- ✓ Conclude each session with a summary of what you covered. Give an opportunity for everyone to share their experience of the session. End with one way to take action for our own wellness in between the sessions.
- ✓ When reforming the group after the first session, continue to create space for an orientation to the agenda, the physical environment, and connection with one another.
- ✓ Before beginning the next topic or section, create space for participants to reflect on what they learned or applied from the previous session.
- ✓ Plan time for most of the sessions to focus on group sharing and activities, and presenting or lecturing to the group. Plan activities that are fun and safe for all. Ideas for this activity can come from the group.
- ✓ Review the evidence-based Values and Ethics Checklist on [page 26](#) and allow time for co-facilitators to discuss how well they think that they followed the values and ethics. Exchange ideas for how to improve in the next session.



- ✓ Allow time after the groups for co-facilitators to discuss what, if anything, they need to address or change for the next session.
- ✓ Remember that to do well in leading these groups is to be well. Always practice your own self-care. Have as many supporters as you need to stay well, and you will do well!

APPENDIX C: TAKING ACTION PLANNING AND IMPLEMENTATION WORKSHEET

Congratulations on your decision to offer **Taking Action!** With this journey, you are providing a valuable, user-friendly resource to help people manage their recovery, wellness, and overall well-being.

As you embark on planning and implementation, use this worksheet to guide your thinking. You can type directly into the PDF on a computer or print this for you and others to complete by hand.

STEERING COMMITTEE

Who is responsible for planning and guiding the implementation of **Taking Action!** Ensure that your committee is reflective of your community. Consider how many people you plan to recruit on the committee, and how.

Roles and Names (if known):

What will the roles and responsibilities of the committee be? If there are specific roles, such as chairperson or secretary, specify who will fill those roles and what they will do.

Committee Responsibilities:



How will the committee meet, communicate, and make decisions? How often and in what ways? Consider creating a charter or onboarding summary to be shared with new members.

Committee Meeting Schedule:

Committee Communication Methods:

Committee Decision Making:

ASSESSING COMMUNITY NEEDS AND ORGANIZATIONAL CAPACITY

What do you need to know from your community as you plan to implement **Taking Action**?

Questions to be Answered (for example, level of interest, what roles individuals might want to play, hopes for **Taking Action** outcomes, questions, or concerns)

How will you go about gathering this information?

Information Gathering Methods (for example, surveys, focus groups, town hall discussions, other means of asking for input or feedback)

What resources do we have to support implementation? What do we need to find?

Known Resources (for example, meeting space or supplies, available and interested facilitators, specific in-kind donations, dedicated funding, staff, or volunteers, etc.)

Needed Resources (from the above list, note the items that you need, but have not been able to locate)

FACILITATORS

Who is interested and available to serve as **Taking Action** facilitators? Ideally, identify three to five individuals and two facilitators who will work together to co-facilitate. What type of training or other resources are needed to prepare and support facilitators?

Potential Facilitators:



Facilitator Training or Other Support Needed:

ADMINISTRATIVE SUPPORT

How will you handle administrative tasks such as marketing, registration, fundraising, recordkeeping, logistics, meeting planning, etc.? Who will take on these tasks?

Administrative Tasks:

Potential Administrative Support Staff or Volunteers:

AGENCY FOLLOW-UP AND SUPPORT

What follow-up supports are available to **Taking Action** participants? These might include outreach to check in with participants during or after **Taking Action**, invitations to support groups or services, or other resources depending on your program and participants. Who will ensure this happens?

Follow-Up Plans and Resources:

Potential Individuals to Lead Follow-Up Efforts:

QUALITY ASSURANCE AND EVALUATION

How will you know how people are experiencing **Taking Action**, and what should you continue or improve? How will you gather this information and use it? Who will be responsible?

What information do you need and how often do you need it?

How you will collect the information:

How you will use and disseminate the information:

Potential Quality Assurance and Evaluation Leads:



OTHER TASKS

Use this space to add notes about additional tasks or needs, and those who are responsible.

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